

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR El Paso Natural Gas Company</p> <p>3. ADDRESS OF OPERATOR P.O. Box 4289, Farmington, New Mexico 87499-4289</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1750'S, 940'W</p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. I-22-IND-2772</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Indian</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Ute</p> <p>9. WELL NO. #8</p> <p>10. FIELD AND POOL, OR WILDCAT Barker Creek Paradox</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NMPM Sec. 15, T32N, R14W,</p> <p>12. COUNTY OR PARISH 13. STATE San Juan New Mexico</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6538' GL</p>	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(Other) Present Status

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

This well was reviewed and is in mechanical condition to recomplete in the following possible zones:

Depth	Zone	Estimated Reserves (BCFG)
8545-75	Barker Creek - 1st Sour	3.84
8205-15	Desert Creek - 3rd Sweet	1.28
8110-30	Ismay - 2nd - Sweet	2.56
8035-70	Ismay - 1st - Sweet	4.48

Bureau of Land Management

SEP 26 1985

Durango, Colorado

Due to present unavailability of the pipeline connection to handle additional sour gas, and the cost to recomplete and test each zone listed above makes it uneconomical to recomplete this well at this time. It is requested to leave this wellbore in its present shut-in status.

18. I hereby certify that the foregoing is true and correct

SIGNED Loren W. Feathergill TITLE Sr. Production Engineer DATE September 21, 1985

(This space for Federal or State office use)

APPROVED BY Judith A. Lora TITLE ACTING AREA MANAGER DATE OCT 2 1985

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR A PERIOD
NOT TO EXCEED 1 YEAR.

*See Instructions on Reverse Side